

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<del>154</del>	20541	9/2
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	RT	515	10-05-00
RESPONSE FORMALITY REVIEW	LH	60105	2-28-01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	8/29/00
2	8/29/00
3	8/29/00
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49	8/29/00
50	8/29/00

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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